ANALYSIS PLAN for
Homecare Aide Time Tracking and Homecare Referral Systems: Process and Outcome Evaluation

1. Were time tracking and homecare referral systems implemented as planned?

   a) Compare planned implementation timeline to actual implementation dates

   b) What implementation problems were encountered?

   c) What were they?

   d) How were they overcome?

   e) What, in retrospect, would you have done differently?

   Methodology:

   - Review monthly progress reports

   - Meet quarterly with Evaluation Team

   - Prepare six-month and 12-month written summaries of progress, with interpretation (June and December, 1999)

2. Do clients experience services as *more reliable* after implementation of the time tracking system?

   a) Clients' perceptions of the system's reliability will be measured by asking at least these three questions[1]:

      1) does your worker arrive promptly at your home?

      2) does your worker stay as long as you believe he/she should stay?

      3) Have you ever felt uncomfortable when signing a worker's timesheet because you felt they had not stayed for the time they said they had?[2]

   Methodology:

   - a pre-test will be done as part of "live" training

   - a 5-minute telephone survey will be conducted by members of the ADS Advisory Council every six months, beginning with baseline data collection in March, 1999

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[1] In addition, based on the pre-test, we may add one or two additional questions, but we want to focus on reliability rather than satisfaction. We don't want to ask clients exactly how many hours they received because that is an objective measure that can be obtained through ADS records based on what the agencies report to ADS.

[2] This may or may not work as a question. We will try it in the pre-test. It is being included because if it is something clients experience at baseline, clearly the time tracking system would remove that concern for clients.

- it will be administered to a 10% sample of personal care clients (200[3]), with the actual number to be surveyed stratified by agency according to its share of the total county caseload

- ten volunteers (advisory council members and others would each call 20 clients. the interviews should take no longer than 15 minutes (5 hours per volunteer) and could be done from home.

- volunteers will be given the name of someone to call if they run into any problem; they will also be trained on who they should tell the client to contact if he or she expresses concerns beyond the scope of the interview.

- for L/NES clients, ADS will need to hire special interviewers or make arrangements with CISC, ACRS, etc.

- clients will receive letters ahead of time[4] letting them know of the survey and informing them of their right to decline to be interviewed; they may also decline at the time they are called for the interview; the interviewer must tell them immediately that they have the right to decline and also that participation will not affect the service they receive in any way[5]

- no client information will be recorded by the interviewer; they will have a face sheet with the client's first and last name and phone number only; after the interview is completed, a unique client identifier will be placed on each instrument, and the face sheet will be shredded at ADS

3. **Is the time tracking system more efficient for homecare aides and supervisors?**

   a) Assess homecare *aide* perceptions by asking these questions[6]:

      1) Have you worked here more than six months?
      2) How easy is it to use the current system for reporting the time you spend with your clients?
      3) Do you like this way of reporting your time?
      4) How easy was it for you to learn the current system for reporting your time?
      5) How much paperwork do you do in order to track your hours?
      6) Has a client refused to sign your timesheets?

   b) Assess **supervisor** perceptions by asking these questions:

      1) Have you worked here more than six months?
      2) How easy is it to use the current system for reporting time spent by homecare aides with clients?
      3) Do you like this way for workers to report their time?

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[3] At least 300 names will need to be drawn to account for those who decline to participate or who are unable, due to frailty, illness, etc., to participate.

[4] Homecare agency staff will also be notified of the survey timeframe so they can answer client questions.

[5] We will provide scripts and train to the scripts.

[6] Because of worker turnover, workers will not be asked to compare the two systems (pre- and post-time tracking implementation)

4) How easy was it for you to learn the current system for tracking and reporting worker time?

5) How much time do you spend doing paperwork for the time tracking system?

6) Do problems with the system make home care aide paychecks late?

7) How often do you deal with issues related to whether or not workers arrive and leave clients' homes on time?

8) Does the time tracking system make your job easier? [use check-off style response categories]

9) Does the time tracking system provide accountability of workers for the hours they spend with clients?

10) Does the time tracking help you learn about staffing problems (e.g., no-shows, workers coming late, etc.)?

11) Do you ever create customized computer reports related to worker hours?

Methodology:

- these questions will be asked of all workers every six months; the homecare agencies suggest ADS prepare coded, pre-paid postcards that can be returned to ADS;

- all supervisors and provider agency financial staff (see below) will be asked to respond to the questions every six months beginning in March of 1999

4. Has implementation of the time tracking system reduced time spent on homecare aide payroll or reporting by homecare provider agencies?

Assess impact on provider agency financial staff by asking the following questions:

1) Have you worked here more than six months?

2) How many homecare aides are on the payroll?

3) How much time does agency staff spend in a typical month on payroll? (in # of hours)

4) Please translate this into the number of full-time equivalent staff required to prepare payroll.

5) Does the time tracking system make your job easier?

6) How easy is it to compile data for reports to Aging and Disability Services?

7) How much time do you spend in a typical month preparing these reports to ADS?

8) Do problems with the time tracking system make home care aide paychecks late?

9) Can you get accurate and usable data on the number of authorized hours provided from the time tracking system?

10) Do you ever create customized computer reports related to worker hours?

5. Has implementation of the time tracking system or the homecare referral system improved ADS' ability to monitor agency performance?

Assess impact on ADS contract and management staff by collecting the following data:

1) What data or databases do you access to monitor homecare agency performance?

2) How easy is it for you to access data on homecare agency/worker performance?

3) How often do you use such data?

4) How accurate are the data you have/use?

5) Are the data adequate for monitoring homecare agency performance?

6) Do you create any specialized/customized reports based on these data? If so, please describe.

7) Are reports you receive from the homecare agencies (including billing forms) verified using databases? If so, which databases?

Assess impact on ADS finance staff by collecting the following data:

1) How much time do you spend in a typical month working with forms/reports you receive from homecare agencies? (estimated # of hours)

2) How easy is it to process reports you receive from the homecare agencies?

3) Does the time tracking system make your job easier?

4) Do you ever create customized computer reports related to homecare agency data?

5) Do you verify agency billing forms using the time tracking database?

Methodology:

- The primary source for the first set of data above will be a focus group to be held every six months, beginning in August, 1999.

- The source for the second set of data are two ADS Accounting Technicians who work with the agency reports.

6. Has implementation of the homecare aide time tracking system and the homecare referral system improved overall homecare program quality, accountability, or administrative decision-making about homecare?

  a) % of worker no-shows, pre and post (March, 1999 and 6, 12, 18, 24 months)

  b) % of authorized hours provided, pre and post (March, 1999 and 6, 12, 18, 24 months)

  c) % of clients that receive level of service authorized

  d) changes in market share of high-performing providers, pre and post (March, 1999 and 6, 12, 18, and 24 months later)

  e) dynamism in the system; ability to respond quickly?

__Methodology:__

- Baseline data will come from a variety of sources.

- After that, data will come from the new databases. A form will be developed to capture these data for evaluation purposes.

- To define "high-performing" providers, we will develop frequency distributions based on the % of authorized hours provided and the % of clients that receive authorized service levels. This distribution will be compared to the % of total clients served by that agency. Focus groups may also be used.

7. Has implementation of the homecare referral system improved the system from the perspective of case managers? Is the process more efficient/less burdensome for them? Is it faster? Do clients receive initial services more quickly? Do case managers become aware of serious problems sooner? Is their ability to intervene in problem solution enhanced?

Assess impact of system implementation from the perspective of case managers by asking these questions:

1) How accessible to you are accurate and usable data on homecare provider performance?

2) Do you use these data?

3) If not, why not?

4) At this point in time, how much time do you spend "making a referral to homecare"?

5) On average, how much time does it take from the time you make a referral to a homecare agency and the start-up of service for the client?

6) How burdensome is the referral process?

7) Do you make more referrals to agencies that can respond more quickly to your referrals?

8) How long does it take before you become aware that there are problems with homecare aide services like worker reliability?

8) Do you access the time tracking database? (if yes, how often? if no, why not?

9) How often do you access the homecare referral database?

10) If yes, are there any problems you encounter?

11) Do you look up information in the database about your individual clients? about your clients as a group? (if yes, how often?)

12) How easy is it for you to intervene in the solution of these problems?

13) After an agency has accepted a case, do you have a problem knowing if the case has actually been staffed?

14) Do you use reports produced by either the Homecare Referral or the Homecare Aide Time Tracking systems?

15) Do you create any customized, computer-generated reports in order to understand more about your clients' homecare services?

Methodology:

- All case managers who work for ADS, Evergreen, ACRS, CISC, and other contract agencies will be asked to fill out an e-mail survey form in March, 1999 and every six months thereafter throughout the grant.

- A focus group with representation from each case management agency, will be held six months after implementation of the Homecare Referral system to obtain richer, more qualitative data.

- In March of 1999, case managers will be given the e-mail survey for the first time, along with a checklist so they can track important issues as these arise.